

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
		Indep	Depend	Indep	Depend	Indep	Depend
1							
2							
3							
4							
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31							
32	1						
33		1					
34	1						
35		1					
36							
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42							
43							
44							
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46							
47							
48							
49							
50							
Total Indep	2						
Total Depend	2						
Total Claims	4						

May be used for additional claims or amendments

	Indep.	Depend.	Indep	Depend	Indep	Depend
51						
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99						
100						
Total Indep						
Total Depend						
Total Claims						